



## **PET-FRIENDLY HURRICANE EVACUATION CENTER (PHEC)**

Welcome to the Pet-friendly Hurricane Evacuation Center application process. Prior to completing and returning Part I of the application, which follows below, please answer the following questions to determine your eligibility. You do not need to print this page or return it, simply ask yourself the questions and if you are able to answer yes to all of them then scroll down to continue in the application process.

Do you live in one of the County's evacuation zones A, B, or C or in a mobile home park?

Yes\_\_\_\_\_ No\_\_\_\_\_

You may view the evacuation zones at [www.miamidade.gov/oem](http://www.miamidade.gov/oem)

Do you have eligible pets (dogs, cats, ferrets, small rabbits (under 10 lbs), hamsters, guinea pigs, or gerbils)?

Yes\_\_\_\_\_ No\_\_\_\_\_

Is at least one family member staying at this Center with the pet?

Yes\_\_\_\_\_ No\_\_\_\_\_

Are you able to provide your own transportation to the PHEC?

Yes\_\_\_\_\_ No\_\_\_\_\_

Will your pets be current on all required vaccinations?

Yes\_\_\_\_\_ No\_\_\_\_\_

Are you able to provide proof of all vaccinations and applicable tags?

Yes\_\_\_\_\_ No\_\_\_\_\_

Will you have an appropriate carrier/cage/crate for your pet?

Yes\_\_\_\_\_ No\_\_\_\_\_

If you are able to answer yes to all the above questions then please scroll down until you reach the application. Make sure your print out Part I of the application and complete it in its entirety, following all instructions. This includes returning it by mail to:

Pet-Friendly Shelter  
c/o Animal Services  
7401 NW 74<sup>th</sup> Street  
Medley, Florida 33166.

Submitting the application does not guarantee acceptance into the shelter. A tentative acceptance letter, along with Part II of the application process will be sent upon receipt and verification of eligibility.

**FAMILY INFORMATION**

Family Surname: \_\_\_\_\_

Number of family members reporting to shelter \_\_\_\_\_

**Family Members:**

If minors, give age(s)

1<sup>st</sup> name: \_\_\_\_\_

1<sup>st</sup> name: \_\_\_\_\_

1<sup>st</sup> name: \_\_\_\_\_

1<sup>st</sup> name: \_\_\_\_\_

1<sup>st</sup> name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ (home phone #: must be 305 or 786 area code)

Work Phone: \_\_\_\_\_

**PET INFORMATION**

PETS' NAME	AGE	SPECIES (dog, cat, etc)	BREED (dog: mixed, boxer, etc) (cat: Persian, alley, etc)	M/F	COLOR/MARKING (Brown, calico, black & white, etc)	WEIGHT

**Medications or Dietary Supplements:**

Condition	Medication/Dietary Supplement	How is it administered
_____	_____	_____
_____	_____	_____
_____	_____	_____

the information above is to be provided to the animal handler for scheduling medication administration

**Crate/Cage info:**

Type (bird cage/dog crate, etc)	Material (wire, plastic, etc)	Dimensions (height x width x length)	Access Panel (top loading, front loading, etc)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____